

Stage IV melanoma is defined by the following clinical stage grouping:

- Any T, any N, M1

Standard treatment options:

- Melanoma metastatic to distant, lymph node-bearing areas may be palliated by regional lymphadenectomy. Isolated metastases to the lung, gastrointestinal tract, bone, or occasionally the brain may be palliated by resection with occasional long-term survival.[1-3] Radiation therapy may provide symptomatic relief for metastases to brain, bones, and viscera.

Advanced melanoma is refractory to most standard systemic therapy, and all newly diagnosed patients should be considered candidates for clinical trials. Although advanced melanoma is relatively resistant to therapy, several biologic response modifiers and cytotoxic agents have been reported to produce objective responses.

The objective response rate to dacarbazine (DTIC) and the nitrosoureas, carmustine (BCNU) and lomustine, is approximately 10% to 20%.^[4-7] Responses are usually short-lived, ranging from 3 to 6 months, though long-term remissions can occur in a limited number of patients who attain a complete response.^[4,7] Other agents with modest single-agent activity include vinca alkaloids, platinum compounds, and taxanes.^[4,5,8]

EXHIBIT B